

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-670)

EXAM. NO. 1002125 FILING DATE
APPLICANT

AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		CLAIMS					
NO.	FEES	NO.	FEES	NO.	FEES	NO.	FEES	NO.	FEES	NO.	FEES
1						51					
2						52					
3						53					
4						54					
5						55					
6						56					
7						57					
8						58					
9						59					
10						60					
11						61					
12						62					
13						63					
14						64					
15						65					
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31						81					
32						82					
33						83					
34						84					
35						85					
36						86					
37						87					
38						88					
39						89					
40						90					
41						91					
42						92					
43						93					
44						94					
45						95					
46						96					
47						97					
48						98					
49						99					
50						100					
TOTAL NO.	1	1	1	1	1	TOTAL NO.	1	1	1	1	1
TOTAL FEE	10	10	10	10	10	TOTAL FEE	10	10	10	10	10
TOTAL CLAIMS	1	1	1	1	1	TOTAL CLAIMS	1	1	1	1	1

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS